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PUBLIC HEALTH STATISTICS

1982

Wisconsin Department of Health and Social Services,
Division of Health, Bureau of Health Statistics

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STATE OF WISCONSIN

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH

In the past "Public Health Statistics" was published as one report to include annual data on vital events and population data. Because of the on-line data collection system for vital statistics, we are now publishing this report in two parts. Part I includes only those tables which are computer generated and do not require population estimates. Part II will be released later and will include 1982 population estimates and all vital event tables requiring estimated population for rates.

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INTRODUCTION

The Bureau of Health Statistics of the State Division of Health is charged by law with the dual responsibility of maintaining an effective system of vital registration and of making vital statistics available to public and private agencies and to the public at large. A chart depicting the collection process appears on page vi of this book. Within the Division of Health these statistics are necessary for evaluating and developing programs that will improve the health of the people of Wisconsin. The data are also widely used for estimating population characteristics and changes.

Each county is a primary registration district for vital events for the rural areas, villages and towns. According to Wisconsin law, the office of the Register of Deeds is the place for filing of birth, death and marriage records from these areas. In addition, cities, as defined by Wisconsin Statutes, may also serve as primary registration districts with the local health officer serving as the local registrar. Cities have the option of turning the function over to the county Register of Deeds. Copies of the original records are maintained in the local offices and the original record is forwarded to the State Section of Vital Statistics.

Legal responsibility for preparation and filing birth records is that of the attending physician or other person in attendance. Because nearly all births occur in hospitals, most of the information obtained on the birth certificate is recorded by hospital personnel.

The funeral director has legal responsibility for obtaining information on death certificates and for filing the records with the local registrar. The funeral director also completes fetal death reports. The physician in attendance, coroner or medical examiner is responsible for certifying the cause of death and medical information on the certificate.

Applications for marriage licenses are made in the office of the county clerk. The marriage certificate is completed by the officiant - civil or religious - who has the responsibility of forwarding the original certificate to the local registrar.

Locally the divorce certificate is the responsibility of the clerk of court where the divorce decree is granted. The county clerk of court retains the records of the court, has the necessary information transcribed to the divorce certificate and forwards it to the Section of Vital Statistics.

The Section of Vital Statistics maintains a permanent repository for original records of birth, death, marriage and divorce. The statistics in this volume include vital records for the year 1982 that were filed in the Section of Vital Statistics before April 1, 1983. In addition to vital events occurring in Wisconsin, the Section collects data from birth certificates for children born outside of Wisconsin to a mother who is a resident of the state. Data from death certificates for persons who are residents but die outside of the boundaries of Wisconsin are also included.

DEFINITIONS

Residence	Usual place of residence of person to whom event occurred. For births and fetal deaths, residence is defined as the mother's place of residence.
Occurrence	Place where the event occurred.
Minor Civil Division	In Wisconsin, Minor Civil Divisions are the local level of civil government. Cities, villages and towns are exclusive (none overlaps another though one may surround another) and there are no unorganized residual areas.
Race	Race of mother, father, or decedent is as stated on certificate. Race of child is determined from the race of the parents.
Deliveries	Live births plus reported fetal deaths.
Live Birth	A live birth is the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.
Fetal Death	Death prior to the complete expulsion or extraction from its mother of a product of conception; the fetus shows no signs of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Only fetal deaths of at least 20 weeks of gestation must be reported in Wisconsin. A fetal death report is NOT to be used for induced abortions.
Infant Death	Death occurring to live born individual of less than 1 year of age.
Neonatal Death	Live born infant who dies before completing four weeks (28 days) of life.
Out-of-Wedlock Birth	Birth wherein there is no marital tie between mother and father.
Birthweight	Weight of fetus or infant at time of delivery (normally recorded in pounds and ounces or grams).
Premature Births	Products of conception weighing less than five pounds, nine ounces (2,500 grams or less) at delivery or expulsion.
Maternal Deaths	Those wherein the physician has designated a maternal condition as the underlying cause of death.
Underlying Cause of Death	That condition giving rise to the chain of morbid events leading to death, or the circumstances of the accident or violence that produced the fatal injury.

THE VITAL STATISTICS REGISTRATION SYSTEM IN WISCONSIN

RECORD	PERSONS RESPONSIBLE FOR COMPLETING RECORDS	PERSONS RESPONSIBLE FOR FILING RECORD WITH LOCAL REGISTRAR	LOCAL REGISTRARS TRANSMIT RECORDS TO STATE
Birth Certificate	Attending physician, midwife, or other medical professional. When none of these in attendance, then a parent, householder or owner of premises, manager or superintendant of a public or private institution in which birth occurred.	Attending physician or other person who prepared the record.	Register of deeds of each county is primary registration office for villages and towns. Primary registration office for cities is the Health Officer who is authorized to appoint the county register of deeds as deputy for filing all certificates.
Report of Fetal Death	Funeral director or any person designated by one of the parents to assume responsibility for disposition of the remains.	Funeral director or person designated by one of the parents.	Same as above.
Death Certificate	Funeral director for completion of personal and statistical information. Physician, Coroner or Medical Examiner for causes of death, interval between onset and death, day and hour of death, certification.	Funeral director prior to any disposition of the body and for obtaining a burial permit	Same as above.
	When no funeral director is employed, then the person who prepares the body for burial and conducts the funeral of any member of the immediate family.	Person designated to perform the burial and conduct the funeral.	Same as above.
Marriage Certificate	Persons applying for marriage license and the county clerk who issues the license.	Minister, priest, judge, family court commissioner, court commissioner or the 2 parties themselves, after completion of the certification and signing by 2 competent adult witnesses.	Same as above.
Certificate of Divorce	Attorney for the petitioner, family court commissioner and clerk of court.	Not filed locally. (Some clerks of court retain a photo copy for file but this is not required by statute).	Clerk of Court.

BIRTH AND DEATH CERTIFICATES

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ORIGINAL CERTIFICATE OF LIVE BIRTH 148-

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

Type or Print in Permanent Black Ink

Type or Print in Permanent Black Ink

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ORIGINAL CERTIFICATE OF DEATH

DECEASED

PARENTS

BURIAL

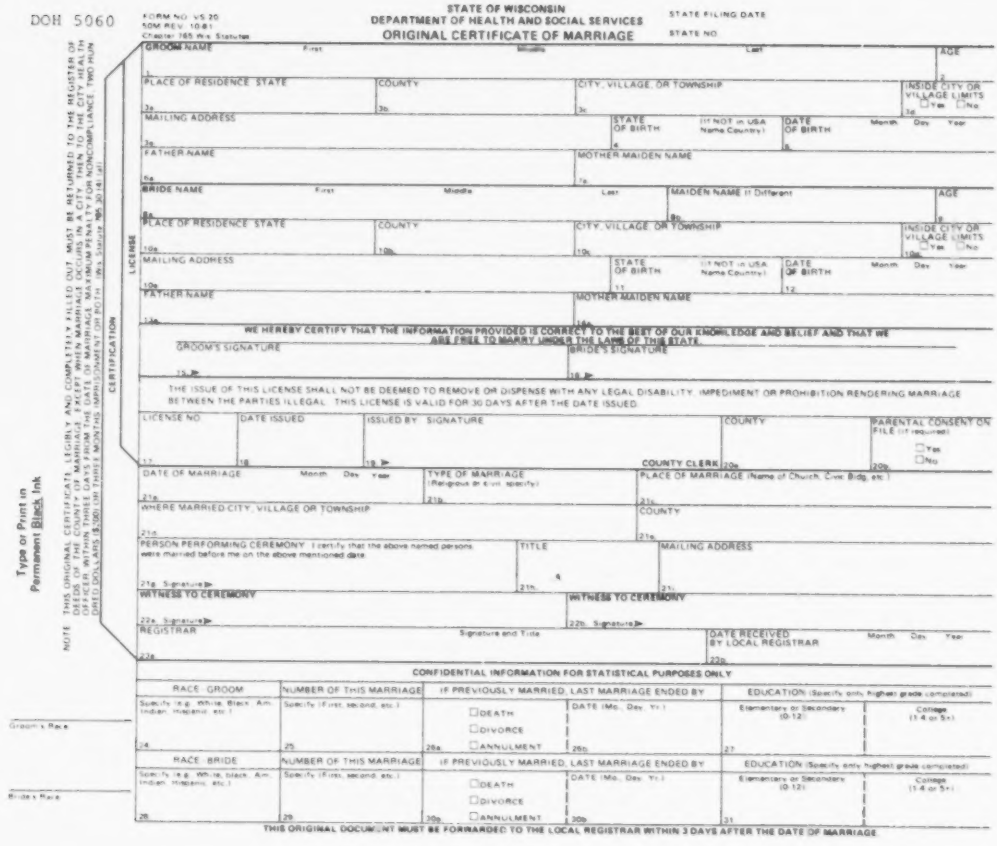
CERTIFICATION

REGISTRAR

CAUSE

ACCIDENT

MARRIAGE AND DIVORCE CERTIFICATES



DOH 5060

FORM NO. VS 20
50M REV. 10-81
Chapter 765 Wis. Statutes

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF MARRIAGE

STATE FILING DATE

STATE NO.

Type or Print in Permanent Black Ink

NOTE: THIS ORIGINAL CERTIFICATE, LEGIBLY AND COMPLETELY FILLED OUT, MUST BE RETURNED TO THE REGISTER OF DEEDS OF THE COUNTY OF MARRIAGE (EXCEPT WHEN MARRIAGE OCCURS IN A CITY, THEN TO THE CITY HEALTH OFFICER) WITHIN THREE DAYS FROM THE DATE OF MARRIAGE. MAXIMUM PENALTY FOR NONCOMPLIANCE: TWO HUNDRED DOLLARS (SEE SECTIONS 69.20(2) AND 69.22(1), Wis. Statutes).

LICENSE

GROOM NAME — First — Middle — Last — AGE

1 — 2

PLACE OF RESIDENCE STATE — COUNTY — CITY, VILLAGE, OR TOWNSHIP — INSIDE CITY OR VILLAGE LIMITS ☐ Yes ☐ No

3a — 3b — 3c — 3d

MAILING ADDRESS — STATE OF BIRTH (If NOT in USA, Name Country) — DATE OF BIRTH Month Day Year

3e — 4 — 5

FATHER NAME — MOTHER MAIDEN NAME

6a — 7a

BRIDE NAME — First — Middle — Last — MAIDEN NAME If Different — AGE

8a — 8b — 8

PLACE OF RESIDENCE STATE — COUNTY — CITY, VILLAGE OR TOWNSHIP — INSIDE CITY OR VILLAGE LIMITS ☐ Yes ☐ No

10a — 10b — 10c — 10d

MAILING ADDRESS — STATE OF BIRTH (If NOT in USA, Name Country) — DATE OF BIRTH Month Day Year

10e — 11 — 12

FATHER NAME — MOTHER MAIDEN NAME

13a — 14a

CERTIFICATION

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

GROOM'S SIGNATURE — BRIDE'S SIGNATURE

15 ▶ — 16 ▶

THE ISSUE OF THIS LICENSE SHALL NOT BE DEEMED TO REMOVE OR DISPENSE WITH ANY LEGAL DISABILITY, IMPEDIMENT OR PROHIBITION RENDERING MARRIAGE BETWEEN THE PARTIES ILLEGAL. THIS LICENSE IS VALID FOR 30 DAYS AFTER THE DATE ISSUED.

LICENSE NO. — DATE ISSUED — ISSUED BY: SIGNATURE — COUNTY — PARENTAL CONSENT ON FILE (If required) ☐ Yes ☐ No

17 — 18 — 19 ▶ — COUNTY CLERK — 20a — 20b

DATE OF MARRIAGE Month Day Year — TYPE OF MARRIAGE (Religious or Civil, specify) — PLACE OF MARRIAGE (Name of Church, Civic Bldg, etc.)

21a — 21b — 21c

WHERE MARRIED: CITY, VILLAGE OR TOWNSHIP — COUNTY

21d — 21e

PERSON PERFORMING CEREMONY: I certify that the above named persons were married before me on the above mentioned date. — TITLE — MAILING ADDRESS

21g Signature ▶ — 21h — 21i

WITNESS TO CEREMONY — WITNESS TO CEREMONY

22a Signature ▶ — 22b Signature ▶

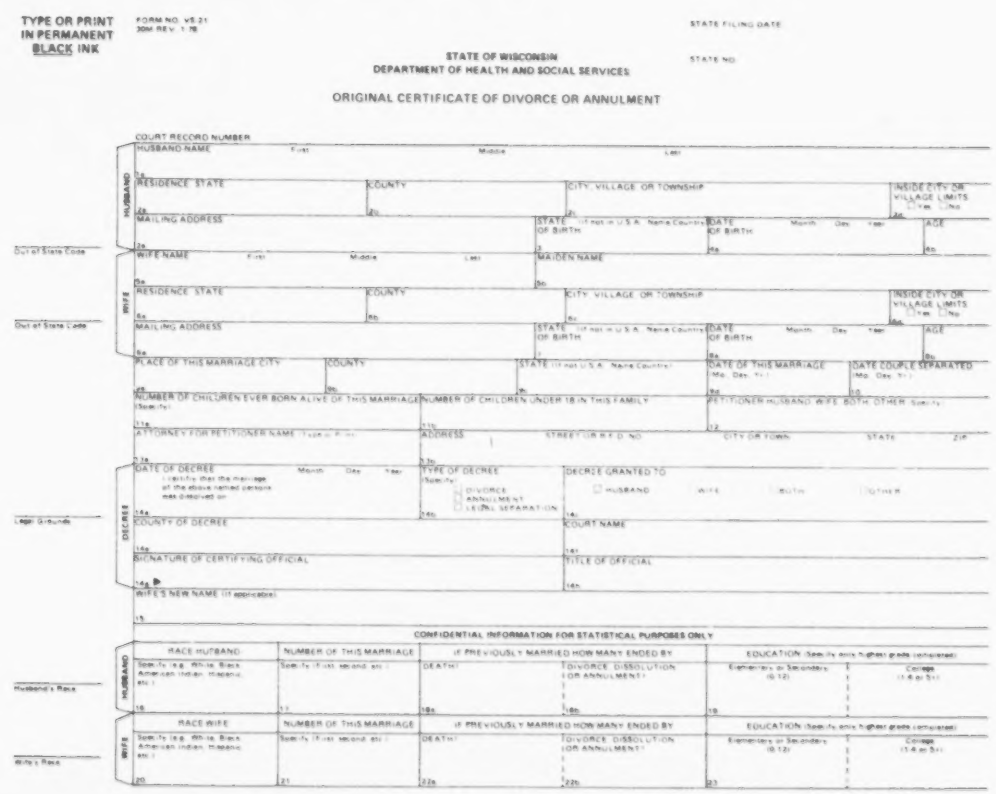
REGISTRAR — Signature and Title — DATE RECEIVED BY LOCAL REGISTRAR Month Day Year

22d — 23b

CONFIDENTIAL INFORMATION FOR STATISTICAL PURPOSES ONLY

	RACE - GROOM	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY		EDUCATION (Specify only highest grade completed)	
Groom's Race	Specify (e.g., White, Black, Am. Indian, Hispanic, etc.)	Specify (First, second, etc.)	☐DEATH ☐DIVORCE ☐ANNULMENT	DATE (Mo., Day, Yr.)	Elementary or Secondary (0-12)	College (1-4 or 5+)
	24	25	26a	26b	27	
Bride's Race	RACE - BRIDE	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY		EDUCATION (Specify only highest grade completed)	
	Specify (e.g., White, black, Am. Indian, Hispanic, etc.)	Specify (First, second, etc.)	☐DEATH ☐DIVORCE ☐ANNULMENT	DATE (Mo., Day, Yr.)	Elementary or Secondary (0-12)	College (1-4 or 5+)
	28	29	30a	30b	31	

THIS ORIGINAL DOCUMENT MUST BE FORWARDED TO THE LOCAL REGISTRAR WITHIN 3 DAYS AFTER THE DATE OF MARRIAGE



TYPE OR PRINT IN PERMANENT BLACK INK

FORM NO. VS 21
30M REV. 1-78

STATE FILING DATE

STATE NO.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ORIGINAL CERTIFICATE OF DIVORCE OR ANNULMENT

COURT RECORD NUMBER

HUSBAND

HUSBAND NAME — First — Middle — Last

1a

RESIDENCE STATE — COUNTY — CITY, VILLAGE OR TOWNSHIP — INSIDE CITY OR VILLAGE LIMITS ☐ Yes ☐ No

4a — 4b — 4c — 4d

MAILING ADDRESS — STATE OF BIRTH (If not in U.S.A., Name Country) — DATE OF BIRTH Month Day Year — AGE

Out of State Code — 2a — 2 — 4e — 5

WIFE

WIFE NAME — First — Middle — Last — MAIDEN NAME

6a — 6c

RESIDENCE STATE — COUNTY — CITY, VILLAGE OR TOWNSHIP — INSIDE CITY OR VILLAGE LIMITS ☐ Yes ☐ No

Out of State Code — 6a — 6b — 6c — 6d

MAILING ADDRESS — STATE OF BIRTH (If not in U.S.A., Name Country) — DATE OF BIRTH Month Day Year — AGE

9a — 7 — 8a — 8

PLACE OF THIS MARRIAGE CITY — COUNTY — STATE (If not U.S.A., Name Country) — DATE OF THIS MARRIAGE (Mo., Day, Yr.) — DATE COUPLE SEPARATED (Mo., Day, Yr.)

9b — 9c — 9d — 9e — 10

NUMBER OF CHILDREN EVER BORN ALIVE OF THIS MARRIAGE (Specify) — NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY — PETITIONER HUSBAND, WIFE, BOTH, OTHER (Specify)

11a — 11b — 12

ATTORNEY FOR PETITIONER NAME (Type or Print) — ADDRESS — STREET OR R.F.D. NO. — CITY OR TOWN — STATE — ZIP

13a — 13b

DECREE

DATE OF DECREE Month Day Year — TYPE OF DECREE (Specify) ☐ DIVORCE ☐ ANNULMENT ☐ LEGAL SEPARATION — DECREE GRANTED TO ☐ HUSBAND ☐ WIFE ☐ BOTH ☐ OTHER

Legal Grounds — 14a — 14b — 14c

COUNTY OF DECREE — COURT NAME

14e — 14f

SIGNATURE OF CERTIFYING OFFICIAL — TITLE OF OFFICIAL

14g ▶ — 14h

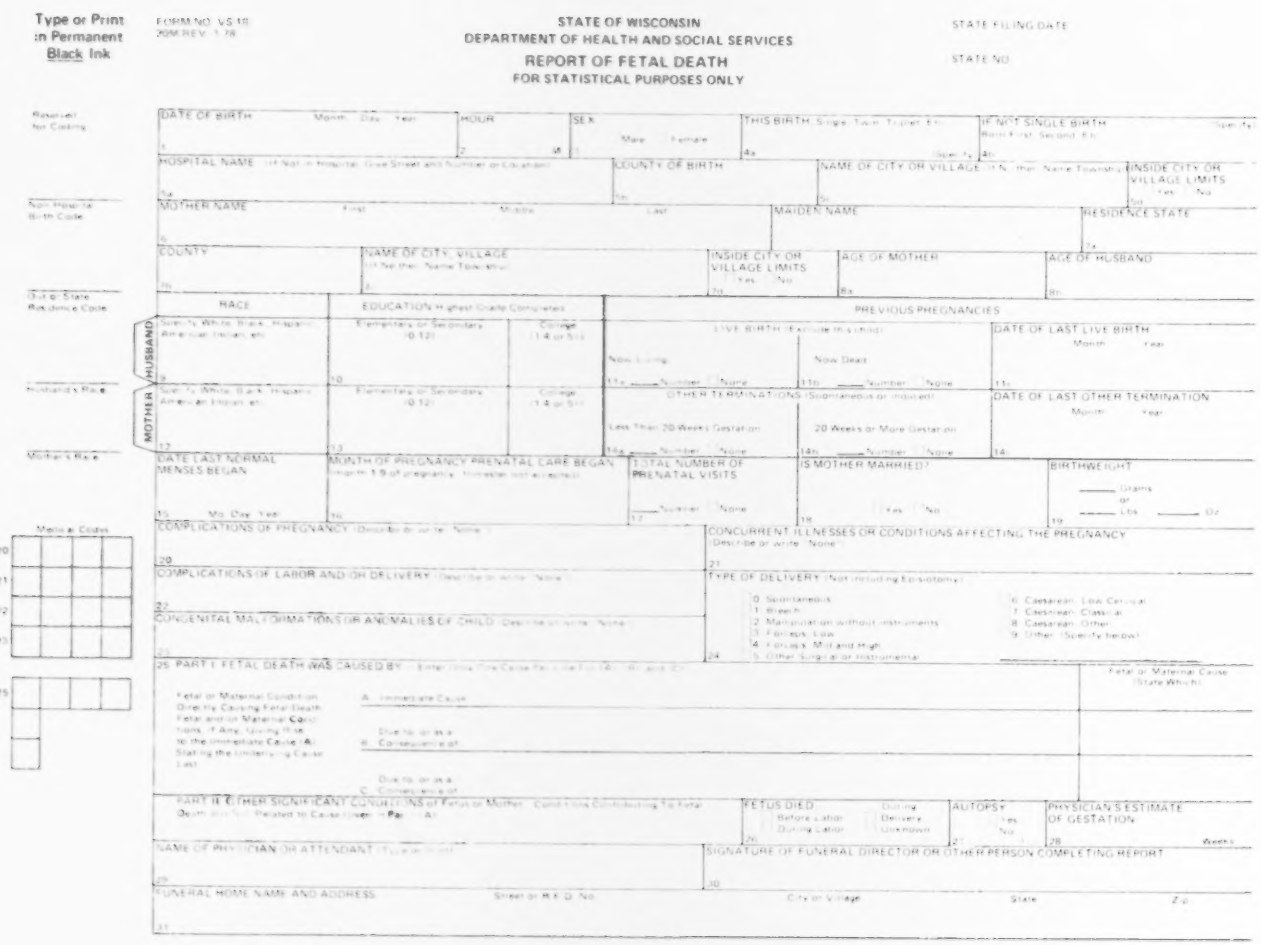
WIFE'S NEW NAME (If applicable)

15

CONFIDENTIAL INFORMATION FOR STATISTICAL PURPOSES ONLY

	RACE HUSBAND	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED HOW MANY ENDED BY		EDUCATION (Specify only highest grade completed)	
Husband's Race	Specify (e.g., White, Black, American Indian, Hispanic, etc.)	Specify (First, second, etc.)	DEATH	DIVORCE DISSOLUTION OR ANNULMENT	Elementary or Secondary (0-12)	College (1-4 or 5+)
	16	17	18a	18b	19	
Wife's Race	RACE WIFE	NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED HOW MANY ENDED BY		EDUCATION (Specify only highest grade completed)	
	Specify (e.g., White, Black, American Indian, Hispanic, etc.)	Specify (First, second, etc.)	DEATH	DIVORCE DISSOLUTION OR ANNULMENT	Elementary or Secondary (0-12)	College (1-4 or 5+)
	20	21	22a	22b	23	

FETAL DEATH CERTIFICATE



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FORM NO. VS 10
20M REV. 1-78

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
REPORT OF FETAL DEATH
FOR STATISTICAL PURPOSES ONLY

STATE FILING DATE

STATE NO.

Reserved for Coding

DATE OF BIRTH (Month, Day, Year) 1

HOUR 2

SEX (Male, Female) 3

THIS BIRTH (Single, Twin, Triplet, Etc.) 4a

IF NOT SINGLE BIRTH (Born First, Second, Etc.) 4b

HOSPITAL NAME (If Not in Hospital, Give Street and Number or Location) 5a

COUNTY OF BIRTH 5b

NAME OF CITY OR VILLAGE (Or Township) 5c

INSIDE CITY OR VILLAGE LIMITS (Yes, No) 5d

Non-Hospital Birth Code

MOTHER NAME (First, Middle, Last) 6

MAIDEN NAME

RESIDENCE STATE 7a

Out-of-State Residence Code

COUNTY 7b

NAME OF CITY, VILLAGE (Or Township) 7c

INSIDE CITY OR VILLAGE LIMITS (Yes, No) 7d

AGE OF MOTHER 8a

AGE OF HUSBAND 8b

RACE — EDUCATION (Highest Grade Completed) — PREVIOUS PREGNANCIES

HUSBAND

Specify White, Black, Hispanic, American Indian, etc. 9

Elementary or Secondary (0-12) 10

College (1-4 or 5+) 11

LIVE BIRTH (Exclude this child)

Now Living 11a ___ Number ___ None

Now Dead 11b ___ Number ___ None

DATE OF LAST LIVE BIRTH (Month, Year) 11c

MOTHER

Husband's Race

Specify White, Black, Hispanic, American Indian, etc. 12

Elementary or Secondary (0-12) 13

College (1-4 or 5+) 14

OTHER TERMINATIONS (Spontaneous or Induced)

Less Than 20 Weeks Gestation 13a ___ Number ___ None

20 Weeks or More Gestation 13b ___ Number ___ None

DATE OF LAST OTHER TERMINATION (Month, Year) 14

Mother's Race

DATE LAST NORMAL MENSES BEGAN (Mo, Day, Year) 15

MONTH OF PREGNANCY PRENATAL CARE BEGAN (Enter 1-9 or Months of Pregnancy, 1=Month 1st Completed) 16

TOTAL NUMBER OF PRENATAL VISITS 17 ___ Number ___ None

IS MOTHER MARRIED? 18 Yes No

BIRTHWEIGHT 19 ___ Grams or ___ Lbs. ___ Oz.

Medical Codes

COMPLICATIONS OF PREGNANCY (Describe or write "None") 20

CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "None") 21

COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "None") 22

TYPE OF DELIVERY (Not including Episiotomy) 24

0 Spontaneous
1 Breech
2 Manipulation without instruments
3 Forceps, Low
4 Forceps, Mid and High
5 Other Surgical or Instrumental
6 Caesarean, Low Cervical
7 Caesarean, Classical
8 Caesarean, Other
9 Other (Specify below)

CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "None") 23

25 PART I. FETAL DEATH WAS CAUSED BY (Enter Only One Cause Per Line For (A), (B), and (C).)

Fetal or Maternal Condition Directly Causing Fetal Death, Fetal and/or Maternal Conditions, If Any, Giving Rise to the Immediate Cause (A), Stating the Underlying Cause Last

A. Immediate Cause

Due to, or as a

B. Consequence of

Due to, or as a

C. Consequence of

Fetal or Maternal Cause (State Which)

PART II. OTHER SIGNIFICANT CONDITIONS of Fetus or Mother. Conditions Contributing To Fetal Death but Not Related to Cause Given in Part I.

FETUS DIED (Before Labor, During Labor, During Delivery, Unknown) 26

AUTOPSY (Yes, No) 27

PHYSICIAN'S ESTIMATE OF GESTATION 28 Weeks

NAME OF PHYSICIAN OR ATTENDANT (Type or Print) 29

SIGNATURE OF FUNERAL DIRECTOR OR OTHER PERSON COMPLETING REPORT 30

FUNERAL HOME NAME AND ADDRESS (Street or R.F.D. No., City or Village, State, Zip) 31

NOTE THIS FORM IS REQUIRED FOR ANY DELIVERY AFTER 20 WEEKS GESTATION IF DEATH IS INDICATED BY THE FACT THAT THE FETUS SHOWS NO EVIDENCE OF LIFE. THIS FORM IS NOT TO BE USED FOR INDUCED ABORTIONS

QUALIFICATIONS AND LIMITATIONS OF DATA

Completeness of Registration

The Bureau of Census assisted in a test of completeness of registration of births in connection with 1950 census. Registration completeness was 99.6 percent of all births. It is assumed that this relatively complete registration has continued since that time.

Although no test of death registration has been completed, it is assumed that death registration is reasonably complete since burial permit laws and regulations require the filing of a death certificate before a burial permit for the disposition of a body is issued.

Fetal death reporting requires reports for all fetuses of 20 weeks gestation and over. No test for completeness of registration has been done. It is recognized, however, that fetal deaths are likely to be less well reported than other vital events.

Infant Death Data

Notification of infant death is obtained from the regular death certificate. However, much information relevant to the circumstance of infant death is found on the birth certificate. Birth and death records have, therefore, been matched to produce a composite infant death tape, which is the source of Table 25. Discrepancies between these two sources are minimal, however, usually involving fewer than ten deaths.

Geographic Classifications

In most tables, geographical classifications are limited to county breakdowns. The term "urban" used in some summary tables refers to the sum of those incorporated places having a population of 2,500 or more in the 1980 census. It should be particularly noted that this does not correspond to the official Census Bureau usage since it excludes those portions of urbanized areas that are unincorporated and/or under 2,500 population. Similarly "balance of county" should not be construed as "rural." Table 23 lists cities, towns, and villages of 2,500 or more population. All others are summed in balance of county.

Events are assigned to geographical areas according either to place of residence or to place of occurrence. The basis for classification is identified in each table and should be carefully observed when extracting information.

"Resident Data" means events have been assigned to the area where the person lives (usually legal residence) regardless of where they occurred. In the case of infant deaths and births, the reference is to the residence of the mother. It should be noted that in the case of infant deaths, the place of residence at death may differ from the place of residence at birth; when special tabulations are prepared from both birth and death certificates, it is important to note to which residence category they were assigned. The published tables referring to infant death data are all based on residence at death.

"Occurrence Data" means tabulation according to where the events took place, regardless of the usual residence of the person. Since nearly all births and most deaths take place in hospitals, the number which occur in the six counties without hospitals is small. Likewise, the number of occurrences in counties with many hospitals will be large for this reason alone. The six Wisconsin Counties in which no hospital is located are:

Florence	Marquette
Forest	Menominee
Iron	Pierce

Comparability in Cause-of-Death Statistics

There are two major limitations in interpreting changes in cause-of-death statistics. Changes in diagnostic practice may affect the comparability of such statistics over time, as do changes in nomenclature and in the classification scheme. The International Classification of Diseases is revised approximately every ten years to incorporate advances in medical science and to reflect changing medical opinion and practice. In Wisconsin, the Sixth Revision was used from 1949-1957, the Seventh Revision from 1958-67, the Eighth Revision from 1968-78, and the Ninth Revision was adopted in 1979.

Mortality statistics in this report are thus based on the Ninth Revision, (Adapted for use in the United States--ICD 9). These data represent the underlying cause of death as determined by the medical certifier, i.e., the attending physician or coroner. The underlying cause is defined as "the disease or injury which initiated the train of morbid events, leading directly to death" (ICDA, Eighth Revision, 1968, vol. 1, page xxix). Prior to 1973, when two or more causes were jointly recorded, the coder in the Bureau of Health Statistics selected the underlying cause using the ancillary information provided on the death certificate by the physician. Beginning in 1973, however, all causes mentioned on the certificate are coded, and the underlying cause is determined using computer procedures.

The introduction of the concept of "underlying" cause in 1949 with the Sixth Revision resulted in a basic change in the classification of death that would seriously affect the interpretation of mortality trends before and after 1949. Under the first five revisions of the International Classification, multiple causes, as set forth in The Manual for Joint Causes of Death. Comparability ratios based on the Fifth and Sixth Revisions were published by the National Center for Health Statistics. (Vital Statistics-Special Reports, Vol. 51, No. 3). The Seventh Revision was essentially a clarification of the Sixth Revision.

The Eighth Revision introduced some major modifications in classification lists and coding procedures that created a need for comparability ratios for some causes of death when comparisons are made before and after 1968. A study of this problem at the National Center for Health Statistics reveals many small